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Fill in this information to identify your case: Debtor 1 First Name Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: Northern District Case number (if known) Official Form 103A Application for Individual		UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS DEC 08 2017 JEFFREY P. ALLSTEADT, CHECkneck if this is an amended filing Filling Fee in Installments 12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.		
Microsophic Company		
Specify Your Proposed Payment Which chapter of the Bankruptcy Code are you choosing to file under?	☐ Chapter 7 ☐ Chapter 11	
	☐ Chapter 12 ☐ Chapter 13	
2. You may apply to pay the filing fee in up to four installments. Fill in the amounts you propose to pay and the dates you plan to pay them. Be sure all dates are business days. Then add the payments you propose to pay. You must propose to pay the entire fee no later than 120 days after you file this bankruptcy case. If the court approves your application, the court will set your final payment timetable.	You propose to pay \$	☐ With the filing of the petition ☐ On or before this date
Total	\$310.00	◀ Your total must equal the entire fee for the chapter you checked in line 1.
Part 2: Sign Below		
By signing here, you state that you are unable to pay the full filing fee at once, that you want to pay the fee in installments, and that you understand that:		
You must pay your entire filing fee before you make any more payments or transfer any more property to an attorney, bankruptcy petition preparer, or anyone else for services in connection with your bankruptcy case.		
You must pay the entire fee no later than 120 days after you first file for bankruptcy, unless the court later extends your deadline. Your debts will not be discharged until your entire fee is paid.		
If you do not make any payment when it is due, your bankruptcy case may be dismissed, and your rights in other bankruptcy proceedings may be affected. **Signature of Debtor 1 / 3/03/17 Signature of Debtor 2 **Your attorney's name and signature, if you used one		
Date MM / DD / YYYY Dat	MM / DD /YYYY	Date MM / DD / YYYY